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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10006469

CLAIMS A		SMALL ENTITY TYPE			ØTHER THAN SMALL ENTITY					
TOTAL CLAIMS	(Column 1)					RATE	FEE		RATE	FEE .
FOR	NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS	minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS	/ minus 3 =		*		t	X42=	·	OR	X84=	
MULTIPLE DEPENDENT CLAIM				Q	ł	+140=	140,00	OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL	7 . C	OR	TOTAL	
* If the difference in column 1 is less than 2ero, erich of an obtain 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR	OTHER SMALL	ENTITY
CLAIMS REMAINING		HIG NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total * 75.24	Minus	** 6	201	= 4		X\$ 9=	36.00	OR	X\$18=	
Independent * 1	Minus	***	3	-/		X42=		OR	X84=	
FIRST PRESENTATION OF	MULTIPLE DEP	ENDE	NT CLAIM			+140=		QR	+280=	
						TOTAL ADDIT. FEE	36 001	OR	TOTAL ADDIT. FEE	
(Column 1		(Col	umn 2)	(Column 3)		ADDII. FEL		`		
Total * 2 Independent * 2	3	HIC NL PRE	SHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total * 12	Minus	*22	4	=		X\$ 9=		OR	X\$18=	
Independent * 2	Minus	***		/=		X42=		OF	X84=	
FIRST PRESENTATION OF	MULTIPLE DEF	PENDE	NT CLAIM		J	+140=		OF	+280=	n. N
						TOTAL		OF	TOTA	
:		10-	Jump 2)	(Column 3)		ADDIT. FEE			ADDII. I L	
COlumn CLAIMS REMAININ AFTER AMENDME Total * Independent *	G	HI N PRE	Olumn 2) IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONA FEE
Total *	Minus	**		=		X\$ 9=		OF	X\$18=	
Independent *	Minus	***		=-		X42=	1	OF	X84=	
FIRST PRESENTATION O	F MULTIPLE DE	PEND	ENT CLAIM		1	+140=	1	OF	200	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						TOTA		- OF	TOTA	AL
* If the entry in column 1 is less to ** If th "Highest Number Previous ***If th "Highest Number Previous Th "Highest Number Previous	sly Paid For IN IF	113 STA		O cotor "2"	0." ber f	ADDIT. FEI	E L _	_	ADDIT. I	E L